

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-6624.M5**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/14/03.

I. DISPUTE

Whether there should be additional reimbursement for date of service 6/13/03. The Carrier denied additional reimbursement as "F Z560 – The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

II. FINDINGS

Based on review of the Table of Disputed Services and the EOB's it was determined that there were no medical necessity issues. Therefore, the Medical Review Division dismissed the medical necessity portion of the dispute. On 12/18/03, a Notice was faxed to the Requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the requestor's receipt of this Notice.

III. RATIONALE

CPT Code 99070-ST

The Requestor billed \$741.82 for a surgical tray. The Carrier reimbursed \$100.00 leaving \$641.82 in dispute.

The 1996 MFG General Instructions Ground Rule III (A) states, "Documentation of procedure (DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill. DOP is used when the services provided are not specifically listed or are unusual or too variable to have an assigned MAR. The required documentation may vary based on the complexity of the procedure. DOP shall include pertinent information about the procedure including:

1. Exact description of procedure or service provided;
2. Nature, extent, and need (diagnosis and rationale for the service or procedure);
3. Time required to perform the service or procedure;
4. Skill level necessary for performance of service or procedure;
5. Equipment used (if applicable); and
6. Other information as necessary."

The Requestor is required to furnish the necessary DOP for any services without a MAR. The Requestor has failed to submit documentation that demonstrates the amount of reimbursement requested is "fair and reasonable" or that meets the criteria of the Texas Labor Code 413.011(d) and Commission Rule 133.307 (g)(3)(D). On this basis, the requirements for

DOP to establish a "fair and reasonable" charge were not met and reimbursement for CPT code 99070-ST is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is not** entitled to reimbursement.

The above Findings and Decision is hereby issued this 27th day of May 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd